



Call for Appointment
U.S. Fulbright Senior Specialist
<http://www.iie.org/cies/specialists/>

PROGRAM INFORMATION

Field Requested

(Choose only one primary fields. For U.S. Studies, please also specify one sub-field)

Primary Fields

- ☐ __ Anthropology
- ☐ __ Archaeology
- ☐ __ Business Administration
- ☐ __ Communications / Journalism
- ☐ __ Economics
- ☐ __ Education
- ☐ __ Environmental Science
- ☐ __ Information Technology
- ☐ __ Law
- ☐ __ Library Science
- ☐ __ Political Science
- ☐ __ Public Administration
- ☐ __ Sociology
- ☐ __ Social Work
- ☐ __ U.S. Studies (please specify sub-field)

Sub-fields

- ☐ __ Art
- ☐ __ Art History
- ☐ __ Dance
- ☐ __ History
- ☐ __ Literature
- ☐ __ Music
- ☐ __ Popular Culture
- ☐ __ Theater
- ☐ __ Urban Planning

Specialization desired within the field requested:

Type of Activity Requested

(Check all that apply)

- ☐ __ Present lectures at graduate and undergraduate levels
- ☐ __ Participate in or lead seminars or workshops at overseas academic institutions
- ☐ __ Conduct needs assessments, surveys, institutional or programmatic research
- ☐ __ Take part in specialized academic programs and conferences
- ☐ __ Consult with administrators and instructors of post-secondary institutions on faculty development
- ☐ __ Develop and/or assess academic curricula or educational materials
- ☐ __ Conduct teacher-training programs at the tertiary level
- ☐ __ Other (please describe):

Name of Institution Hosting the Award:**Street Address:****City:****Country:****Zip / Postal Code:****Contact Person:****Contact Title****Telephone Number:****Fax Number:****E-mail Address:****Web Address:**

Program Description: *(In order to provide the best possible matches of specialists with program requests, please be very specific as to the type of and scope of work that the specialist would engage in.)*

Purpose of the Program: *(Describe the program objectives and provide background on the issues and institutions involved.)*

Length of Grant: *(Grant length may be from 2-6 weeks.)*

Proposed Starting Date: *(Advise the date and time of the program in local time.)*

Preferred Arrival Date:**Number of Program Days Requested:**

If a serial grant is requested, describe desired intervals, number of visits and length of each visit:

Flexibility of Timeframe. *Providing flexibility in the timeframe of the requested project may result in a broader pool of candidates from which to choose. Please describe the extent (in days or months) of the host institution's flexibility.*

SPECIALIST INFORMATION

Type of Specialist Required (*check one*)

☐ __Academic ☐ __Professional ☐ __Either

QUALIFICATIONS PREFERRED (Complete all of the following information)

Degree:

Years of Teaching Experience:

Academic Rank:

Language Requirements:

Audience(s): (One way of determining the level of grantee expertise needed for a program is to know with whom he/she will be working. If the name of the audience doesn't make clear their level of sophistication, please elaborate.)

Other:

If this is a request for a specific individual (Name Request), please provide as much of the following as possible: *BFS policy allows commissions and PA Sections to include in a program proposal or in a special submission the names of lecturers or lecture/researchers in whom an institution is particularly interested. Foreign institutions may invite such candidates to apply with the understanding that the invitation does not constitute a commitment or a preference in final consideration.*

Name of Person Requested (*Note: The requested individual must be a U.S. citizen*):

Title of Person Requested:

Institution:

Department (*if applicable*):

Address:

Telephone Number(s):

Fax Number(s):

E-mail Address(es):

Confirmation of U.S. Citizenship (*Passport number*):

Provide a brief justification for requesting this person:

Please advise if the commission / PA Section/host institution has had prior contact with the requested specialist about this program and the results of those contacts:

CONFIRMATION OF COST SHARE DETAILS

Costs for the Fulbright Senior Specialist Program will be shared by ECA/A/E and the host institution. The Office of Academic Exchange Programs will pay for international travel and a daily honorarium to the U.S. Fulbrighter. Host academic institutions will be asked to cover the Fulbrighter's **lodging, meals and in-country travel**. Commissions or Public Affairs Sections will function as program brokers and will normally not contribute to program costs. However, in those cases where a host academic institution is unable to cover its share of program costs, Commissions and Public Affairs Sections will be allowed to use their own funds to complete the cost-share with ECA/A/E.

At this time, please confirm the cost-share details to be shared with the Senior Specialist grantee chosen to fill this program request. ***It is important to note that either the potential host institution or the commission/post must agree to cover the grantee's lodging, meals and in-country travel in order for the request for a Fulbright Senior Specialist to be approved.***

1. Housing

Name of contact person responsible for housing arrangements:

Title of contact person responsible for housing arrangements:

E-mail: _____ Phone: _____

Address:

Briefly describe the housing arrangements that have been made for the Senior Specialist (Housing for the duration of the stay should be arranged ahead of arrival):

Housing is available from ____ (date) to ____ (date).

Check the appropriate box: The ☐ host academic institution ☐ U.S. Embassy ☐ Commission agrees to cover this portion of the cost share

2. Describe arrangements for coverage of in-country travel

Check the appropriate box: The ☐ host academic institution ☐ U.S. Embassy ☐ Commission agrees to cover this portion of the cost share.

3. Describe arrangements for coverage of meals

Check the appropriate box: The ☐ host academic institution ☐ U.S. Embassy ☐ Commission agrees to cover this portion of the cost share.

4. Arrival Arrangements

5. Please provide any special notes or instructions to the Senior Specialist regarding in-country details that would be helpful in preparing for his/her arrival :

Check the appropriate box: The ☐ host academic institution ☐ U.S. Embassy ☐ Commission agrees to cover this portion of the cost share.

CONTACT INFORMATION OF FULBRIGHT COMMISSION OR PUBLIC AFFAIRS OFFICER MAKING THE REQUEST

Name:

Title:

Address:

Telephone Number(s):

Fax Number(s):

E-mail Address(es):